

Meal Count – Monthly Consolidation Form
Claim Period _____ - _____

| Site | Breakfast | | Lunch | | Snack | | Supper | |
|------------------|--|--|---|--|--|----------------------|----------------------|----------------------|
| | 1 st Meal | 2 nd Meal | 1 st Meal | 2 nd Meal | 1 st Meal | 2 nd Meal | 1 st Meal | 2 nd Meal |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |
| 6. | | | | | | | | |
| 7. | | | | | | | | |
| 8. | | | | | | | | |
| 9. | | | | | | | | |
| 10. | | | | | | | | |
| 11. | | | | | | | | |
| 12. | | | | | | | | |
| 13. | | | | | | | | |
| 14. | | | | | | | | |
| 15. | | | | | | | | |
| 16. | | | | | | | | |
| 17. | | | | | | | | |
| 18. | | | | | | | | |
| 19. | | | | | | | | |
| 20. | | | | | | | | |
| TOTAL | | | | | | | | |
| Meal Type | (A) Total 1st Meals Served | (B) Total 2nd Meals Served | (C) 2nd Meal Limitation (.02 x A) | (D) Allowable 2nd Meals - Lesser of (B) or (C) | (E) Allowable Total Meals (A) + (D) | | | |
| Breakfast | | | | | | | | |
| Lunch | | | | | | | | |
| Snack | | | | | | | | |
| Supper | | | | | | | | |